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TESTIMONY

PUBLIC HEALTH COMMITTEE

Re: SB-1 and HB-6332

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Thank you for this opportunity to comment on access to affordable, quality health care for all Connecticut residents.

One in nine CT residents lives without the security of health coverage, worrying that they will not be able to afford treatment for even a minor illness or injury, and if they do get treatment, whether the costs will ruin their financial health. Without public policy intervention, the number of uninsured is likely to grow.

SB-1 is a good first step toward the goal of covering Connecticut's uninsured. We applaud increases in HUSKY and SAGA eligibility and outreach, raising Medicaid provider rates, increasing the age that children can stay on their parents' policies, disease management, strengthening community health centers and school-based health centers, and allowing every Connecticut resident to share in the tax benefits of health care deductions. I would urge you to add better monitoring of health insurance in Connecticut to the proposal. Policies with \$1,000 caps on benefits never should have been approved. Policies are hollow if they are not enforced; Connecticut needs better accountability and transparency in our health care spending. We need to ensure that consumer protections have meaning through aggressive enforcement.

We also need to fix our state's HUSKY program. The current system of capitated, HMO-based care is not working. Taxpayers have no information on how over \$700 million of our money is being spent, and consumers can't get appointments. Raising provider rates is a critical first step, but more needs to be done. We should follow the example of 30 other states and implement a Primary Care Case Management (PCCM) system in addition to our current HMO-based model. PCCM puts responsibility for care back in the hands of providers and consumers, where it belongs. PCCM saves states money, attracts more providers to participate in the program, and is overwhelmingly preferred by consumers in other states. CT consumers deserve another choice.

Perhaps the best feature of SB-1 is the provision for a study group to explore policy options for covering the uninsured. I have traveled to other states with recent health care reforms, and although they differ significantly in the mechanisms for reform, a strong common theme is the need to engage all stakeholders in the process as well as the outcome. Many policymakers emphasized this as the single most important aspect of getting to a workable solution. All stakeholders were engaged in the policymaking process, all came to recognize their interest in covering the uninsured, and now everyone pays part of the cost and has a stake in the success of reform. Without that engagement, even the best laid plans are doomed to fail.

I urge you not to pass HB-6332. An individual mandate is supremely unfair, and somewhat insulting, to the majority of Connecticut's uninsured who desperately want coverage but cannot afford it. The latest estimates in Massachusetts, the only state with an individual mandate, are that individuals will pay \$380 per month for coverage in their system; that represents about 20% of the total income for a typical Connecticut uninsured family with an income of \$20,000 to \$25,000, and that is for coverage of only one member. Until Connecticut has truly affordable, decent coverage available to all residents and the resources and administration to offer reasonable subsidies to the vast majority of uninsured who are low-income, an individual mandate is premature.

Barebones policies, that are exempt from state benefit standards (mandates) have been tried in other states and failed. What benefits should be exempted – cancer screenings or diabetes management supplies? A recent Lewin study found that coverage mandates only account for 2.5% of premiums in Connecticut compared to large employers' policies that are exempt from mandates.

Again, I want to thank you for this opportunity for input. It is an exciting time to be a health care advocate in Connecticut. I am very hopeful that the recent energy directed toward covering the uninsured will foster great ideas, general consensus among stakeholders and, finally, some relief for struggling Connecticut consumers.